

5100410028 02 001 - 510041002802 001

PRD (1/04)

REPORT OF DISABILITY

PART I: STATEMENT BY EXAMINING PHYSICIAN

Retirement Systems of Alabama
P. O. Box 302150 • Montgomery, Alabama 36130-2150
(334) 832-4140 or 1-800-214-2158
www.rsa.state.al.us

Check One:

☐ ERS☐ TRSName of Member: Alverene D. ButlerSoc. Sec. No.: 418 - 82 - 8446Address: 2137 Beverly Dr
(Street or P. O. Box)Sex: F Date of Birth: 10-03-56Montgomery, AL 36111
(City) (State) (Zip + 4)Blood Pressure 130/90 Height 4' 11"Job Classification Engineering Asst. II/IIIUrinalysis Negative Weight 146This is to certify that the above named person has been under my professional care since 4-20-1985 and was last examined on
Month Day Year9-12-05 Medical examination must be conducted within four (4) months prior to the effective date of retirement.
Month Day Year

Please list this patient's job requirements as described to you: Patient states her job requirements are to inspect the contractor's work for the Alabama Department of Transportation. To insure, on behalf of the State, the quality of construction of bridges and highways based on the specifications for state guidelines and procedures. Testing concrete, soils, asphalt and other materials used in construction of Alabama roads, bridges and highways.

In your professional opinion, by reason of the described condition, is the named applicant totally incapacitated for further performance of his/her duty?

If yes, list in detail the pathophysiologic diagnoses with supporting evidence for the diagnoses that cause the disability:

Chronic Back Pain 20 MVANeck Pain 20 MVAAbnormal MIB Lumbar SpineChronic Shoulder PainHTN, FibromyalgiaIn your professional opinion, is the named applicant's disability permanent? Yes

List the objective findings that render the applicant permanently incapacitated to perform the normal functions of his/her duty:

This patient should not do any heavy lifting, no prolonged standing, bending, climbing, reaching, kneeling, squatting, crawling, pulling or pushing. Ms. Butler exhibits severe back pain, migraine headaches, anxiety disorder, Fibromyalgia and HTN.

Continued on Back

DEFENDANT'S
EXHIBIT

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Please list the patient's restrictions and reason for restrictions:

Ms. Butler's restrictions are: no heavy lifting, prolonged standing, bending, climbing, reaching, kneeling, squatting, crawling, pulling or pushing.

In your opinion, are there reasonable accommodations that could be made by the patient's employer to allow this patient to continue his/her employment? No reasonable accommodations.

Remarks and/or records that clarify or support your diagnoses and findings:

Abnormal M.E.D. of Shoulder

Abnormal M.E.D. of Lumbar spine.

This application will not be processed until the form is completed in full and bears physician's signature.

Any person who makes a false statement or falsifies a record in any attempt to defraud the Retirement Systems shall be guilty of a misdemeanor, and upon conviction, be punished by a fine up to \$500.00 and/or imprisonment not to exceed one year.

Physician's signature:

Albert E. Lester, M.D., P.A.

Date Submitted:

9/23/05

Physician's name (Type or Print):

Albert E. Lester, M.D., P.A.

Address:

3091 Gaston Ave., Suite B

Phone No.:

(334) 262-0331

Montgomery

(City)

AL

(State)

36105

(Zip + 4)

Physician Specialty:

Internal Medicine

Submit completed form to the Retirement Systems of Alabama.